

Department of Health and Human Services

**OFFICE OF
INSPECTOR GENERAL**

**WOUND CARE SUPPLIES:
OPERATION RESTORE TRUST DATA**



JUNE GIBBS BROWN
Inspector General

OCTOBER 1995
OEI-03-94-00792

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EXECUTIVE SUMMARY

PURPOSE

This report identifies questionable billing practices and describes supplier and nursing home practices that can lead to questionable payments under the Medicare Part B wound care benefit in the five States targeted by Operation Restore Trust: California, Florida, New York, Illinois, and Texas.

BACKGROUND

Wound Care Supplies

Wound care supplies are protective covers or fillers that treat openings on the body caused by surgical procedures, wounds, ulcers, or burns. The Health Care Financing Administration (HCFA) reimburses for wound care supplies under Medicare Part A through its payments to nursing homes and home health agencies and Medicare Part B through its payments to suppliers. The HCFA broadened its coverage policy on March 30, 1994, allowing payment for secondary as well as primary dressings and expanding the procedures that require dressings to non-physician treatments.

We selected claims for a 1 percent sample of beneficiaries who received wound care supplies between June 1994, the start of fee schedule reimbursements, and February 1995. We applied proposed DMERC draft guidelines to these claims to identify questionable billing practices. We also collected data from a stratified random sample of 420 nursing homes from HCFA's Online Survey Certification and Reporting system.

Operation Restore Trust

This inspection was conducted as part of Operation Restore Trust. Operation Restore Trust is a health care anti-fraud demonstration project developed within the U.S. Department of Health and Human Services by the Office of Inspector General, the Health Care Financing Administration, and the Administration on Aging. Its aim is to coordinate Federal and State resources to attack fraud and abuse in home health agencies, nursing facilities, and durable medical equipment, including wound care supplies in the five States with the largest Medicare expenditures.

The general findings of our study are contained in two other reports which highlight questionable billings and potentially abusive marketing practices. In this report, we have compiled our data for the five Operation Restore Trust States. By reviewing this data, the Operation Restore Trust partners responsible for reviewing fraud and abuse in each of the five States may be able to determine what problem areas regarding supplier and nursing home practices exist in their State.

FINDINGS

Over \$22 million of \$65 million in questionable payments for wound care supplies between June 1994 and February 1995 was found in the five Operation Restore Trust States.

Excessive utilization of wound care supplies was found in 62 percent of the total Medicare allowances in Operation Restore Trust States. Significantly higher costs per beneficiary was found in Illinois. For all States, \$65 million of the \$98 million in Medicare Part B allowances for wound care supplies exceeded the proposed DMERC guidelines.

Wound care activity in Operation Restore Trust States is concentrated by product, supplier, and place of service.

Hydrogel wound care products account for 41 percent of the questionable Medicare allowances for non-tape supplies. Almost half of the excessive payments in the five States were made to 9 suppliers, 6 percent of the sample. One supplier alone received 19 percent of the questionable payments. Over three-quarters of questionable wound care payments was made for beneficiaries who resided in nursing homes.

Nursing homes in Operation Restore Trust States report similar marketing practices by wound care suppliers; however, in some States the practices are more widespread.

Overall, among the five Operation Restore Trust States there were not significant variances in how nursing homes responded to survey questions concerning supplier marketing practices. However, the prevalence of inducement offers from suppliers did vary significantly among the ORT States. In addition, the degree of influence some suppliers attempt to have over the provision of wound care supplies to nursing homes differs among ORT States.

COMMENTS

We solicited and received comments on our draft reports from HCFA and other concerned organizations. The organizations that provided us with responses were the Health Industry Distributors Association (HIDA), the Health Industry Manufacturers Association (HIMA), and the National Association for the Support of Long Term Care (NASL).

The NASL made the only comment that was directed specifically at this report. They stated that the fact that the five Operation Restore Trust States account for a high proportion of the wound care supplies is only logical since these are the States with the largest Medicare market. We agree. The purpose of this report was to provide a single document that would be useful to the Operation Restore Trust partners who are operating in the five States. This report is a compilation of information collected

for two companion reports, *Questionable Medicare Payments for Wound Care Supplies* (OEI-03-94-00790), and *Marketing of Wound Care Supplies* (OEI-03-94-00791). The remaining comments from HCFA and the outside organizations and our responses to those comments are presented in the companion reports.

TABLE OF CONTENTS

	PAGE
EXECUTIVE SUMMARY	i
INTRODUCTION	1
FINDINGS	8
● Excessive utilization of supplies	8
● Concentration of Medicare allowances	10
● Supplier marketing of wound care supplies	11
COMMENTS	13
APPENDICES	
A: Wound Care Supplies - Descriptions and Guidelines	A-1
B: Confidence Intervals	B-1
C: Questionable Allowances by HCPCS and State	C-1
D: Nursing Home State Data	D-1

INTRODUCTION

PURPOSE

This report identifies questionable billing practices and describes supplier and nursing home practices that can lead to questionable payments under the Medicare Part B wound care benefit in the five States targeted by Operation Restore Trust: California, Florida, New York, Illinois, and Texas.

BACKGROUND

Wound care supplies are fillers or protective covers that treat openings on the body caused by surgical procedures, wounds, ulcers, or burns. Wound covers are flat dressing pads. Wound fillers are dressings placed into open wounds to eliminate dead space, absorb exudate, or maintain a moist wound surface. The Health Care Financing Administration (HCFA) reimburses for wound care supplies under the Medicare Part B program's coverage for durable medical equipment (DME). The coverage policy for these supplies is found in section 2079 of the Medicare Carriers Manual. The HCFA contracts four DME regional carriers (DMERCs) to process durable medical equipment claims including wound care supplies. The DMERCs issue their own guidelines to clarify their coverage policy.

Medicare Part B Allowances for Wound Care Supplies: 1990 - 1994

There were significant changes in wound care activity between 1990 and 1994. Medicare Part B allowances were as low as \$50 million in 1992 and peaked in 1993 at \$132 million, an increase of 164 percent. The number of beneficiaries that annually received these supplies ranged from 86,600 in 1993 to as high as 273,300 in 1991. As a result, allowances per beneficiary varied from \$199 in 1990 to \$1,526 in 1993. Between 1993 and 1994 the number of Medicare beneficiaries that received wound care supplies increased 47 percent.

In 1994, 61 percent of the average allowance per beneficiary was for specialty dressings. Medicare fee schedule amounts for specialty dressings are as high as \$35 for large hydrogel wound covers. Eleven of the specialty wound care products are reimbursed by Medicare at over \$10. Prior to 1992, Medicare reimbursed for wound care supplies primarily in a single kit payment. These kits were a compilation of wound care supplies and were reimbursed at \$8 each in 1992. Billing for kits was disallowed in 1992. However, component supplies contained in a kit can still be billed as individual products. Billing for kits was disallowed in 1992. As a result, the number of wound care supplies has increased over six times from 13 million in 1991 to 81 million in 1994. The table on the next page summarizes surgical dressing activity for calendar years 1990 through 1994.

Table 1. Wound Care Supply Activity: 1990 - 1994

Activity	1990	1991	1992	1993	1994
Allowances	\$53 million	\$87 million	\$50 million	\$132 million	\$98 million
Beneficiaries	266,400	273,300	117,300	86,600	127,300
Per Beneficiary	\$199	\$317	\$423	\$1,526	\$769
No. of Supplies	N/A	13 million	45 million	69 million	81 million

The HCFA Broadens its Coverage Policy for Wound Care Supplies

On March 30, 1994, HCFA expanded its coverage policy for wound care supplies. The new policy states that coverage is "...limited to primary and secondary dressings required for the treatment of a wound caused by, or treated by, a surgical procedure that has been performed by a physician or other health care professional." Primary dressings are therapeutic or protective coverings applied directly to wounds or lesions either on the skin or caused by an opening to the skin. These include alginate, foam, specialty absorptive, hydrogel, hydrocolloid, and composite dressings. Transparent film and contact layers also serve as primary dressings. Secondary dressings serve a therapeutic or protective function and typically are needed to secure a primary dressing. Items such as adhesive tape, roll gauze, and bandages are examples of secondary dressings.

The Prior Medicare Coverage Policy Was More Restrictive

The HCFA national policy and the DMERCs' policies prior to March 30, 1994 were more restrictive. Stringent requirements were placed on the type of dressings, length of treatment, cause of wound, type of provider, and medical documentation. The DMERCs' policy before the expansion of the national policy covered only primary dressings resulting from a surgical procedure for usually no more than 2 weeks. This policy stated that "surgical dressings for closed incisions without drainage would rarely be medically necessary for more than 1 week" and "when an ulcer, traumatic wound, or burn has had sharp debridement, it will be considered a surgical wound for no more than 2 weeks from the date of debridement."

Prior to March 30, 1994, the HCFA national policy would allow dressings to be covered for treatment of wounds that resulted from sharp debridement (e.g., scalpel, laser) performed **only** by physician. The DMERC local policies stated that dressings for other types of debridement (e.g., mechanical, chemical, autolytic) were not covered. Wound care suppliers were required by DMERCs to submit a certificate of medical necessity to document the need for the products. After the policy change in March 1994, this was no longer required. The table on the following page compares the wound care supply policy before and after March 30, 1994.

Table 2. Comparison of Wound Care Supply Coverage Policies

Wound Care Supply Coverage Policy Prior to March 30, 1994	Wound Care Supply Coverage Policy Effective March 30, 1994
Only primary dressings	Primary and secondary dressings
Time limits on medical necessity	As long as medically necessary
Dressings for sharp debridement only	Any type of debridement
Limited to physician treatments	Physician and non-physician treatments
Certificate of Medical Necessity required	Certificate of Medical Necessity not required

Carrier Processing of Wound Care Supplies

In June 1992, HCFA issued a final rule designating four Durable Medical Equipment Regional Carriers (DMERCs) to process all claims for durable medical equipment, including wound care supplies. The four carriers are the MetraHealth Insurance Company (DMERC A), AdminaStar Federal (DMERC B), Palmetto Government Benefits Administrators (DMERC C) and Cigna Healthcare (DMERC D). Effective October 1, 1993, HCFA began the transition to the DMERC processing wound care supply claims. During 1994, 56 carriers also processed surgical dressing claims before the transition to DMERCs was complete. During the transition, these carriers did not utilize the DMERC policies; they carriers used their own local policies to process claims.

The DME Regional Carriers Implement a Fee Schedule and Introduce New Codes

Starting in June 1994, reimbursements for wound care supplies were based on a fee schedule. The DMERCs introduced over 60 codes for wound care products to implement the fee schedule. Prior to June, less than 20 codes were used to identify and reimburse dressings. The DMERCs granted a grace period for all but two old codes submitted through October 1, 1994. During the grace period the DMERC would crosswalk the old code to the appropriate new code.

The DMERCs Issue Draft Policy to Clarify Wound Care Coverage

Each DMERC, working with HCFA, developed a policy to clarify the coverage of the wound care benefit. Included in these guidelines are definitive utilization and medical necessity parameters. In addition, modifiers to the codes have been added to identify the number of wound sites being treated. In January 1995, each DMERC solicited comments on these guidelines. After reviewing the comments, the DMERCs issued revised policies to be effective October 1, 1995. See Appendix A for a summary of the utilization guidelines.

This change was initiated in part as a response to organizations in the wound care community that expressed the need for clarification. For example, the Health Industry Distributors Association in cooperation with the National Coalition for Wound Care, the National Association of Retail Druggists, and the National Association for the Support of Long Term Care developed consensus recommendations for improving the Medicare wound care policy. These changes were recommended prior to the release of the proposed changes in January 1995.

The General Accounting Office Discloses Similar Abuses

The General Accounting Office (GAO) issued a final report, *Medicare: Excessive Payments for Medical Supplies Continue Despite Improvements (HEHS-95-171)*, in August 1995 concerning payment controls for Medicare expenditures of durable medical equipment with an emphasis on wound care supplies. The GAO found a "lack of system wide controls" which led to abuse in both Part A and Part B. For example, the number of dressings billed per beneficiary was, on average, nearly three times higher under 29 new wound care codes. They attribute this activity to the absence of a clearly defined policy.

Operation Restore Trust Targets Health Care Abuse in Five States

Operation Restore Trust (ORT) is a health care anti-fraud demonstration project developed within the U.S. Department of Health and Human Services by the Office of Inspector General, the Health Care Financing Administration, and the Administration on Aging. Its aim is to coordinate Federal and State resources to attack fraud and abuse in home health agencies, nursing facilities, and durable medical equipment, including wound care supplies. The project's initial focus will be in California, Florida, New York, Illinois, and Texas.

METHODOLOGY

Questionable Billings

To assess the nature of questionable billing practices, we interviewed DMERC officials including medical directors and fraud control personnel. Each DMERC responded to a questionnaire concerning wound care supply processing guidelines, the nature of questionable billing practices, and corrective actions taken.

To determine the extent of questionable billing practices, we analyzed a 1 percent sample of wound care beneficiaries. These beneficiaries received supplies under one of 85 wound care supply codes in use between June 1994, the start of fee schedule reimbursements, through February 1995. These claims are maintained in HCFA's National Claims History 100 percent Physician/Supplier database. Medicare Part B allowed \$980,270 in wound care supplies for our sample of 1,205 beneficiaries for this 9-month period. The five Operation Restore Trust States accounted for 727 beneficiaries and \$760,502 in Medicare allowances. Allowed payments include the 80

percent Medicare payment and the 20 percent coinsurance fee billed to the beneficiary.

We applied the proposed DMERC draft guidelines to these claims to identify questionable billing practices. Although these guidelines were not in force during the review period, they represent a consensus concerning wound care policy that could be systematically applied and measured. We assumed the maximum allowable usage each month for the month in which the supply was billed. We defined a questionable billing practice as that amount in excess of the utilization guideline. We assumed each type of wound cover billed represented a wound site. We reported Medicare allowances above the tolerance levels by type of supply, DMERC, and number of beneficiaries receiving supplies, and supplier. To determine if a link exists among suppliers suspected of abusive billing practices, we reviewed data from the National Supplier Clearinghouse (NSC). Under each provider identification number, the NSC database includes the name of corporate officials, addresses, and provider aliases.

Claims for tape supplies (HCPCS A4454 and K0265) were analyzed differently. We selected 101 beneficiaries from two groups of a stratified sample of 349 beneficiaries that received tape. The first strata contained 31 beneficiaries that received \$1,000 or more in tape. The second, 318 beneficiaries that received between \$25 and \$999 in tape. We selected all 31 from the first strata and randomly selected 70 beneficiaries from the second. This sample of 101 beneficiaries represent \$73,848.13 or 52 percent of total allowed dollars in tape claims. The five Operation Restore Trust States accounted for 50 beneficiaries and \$28,822.54 in Medicare allowances from the sample of 101 beneficiaries.

For each tape claim, we assumed that the beneficiary used the maximum monthly allowable usage for each primary and secondary dressing billed during that month according to the proposed DMERC draft guidelines. The secondary dressing was allocated the same amount of tape as the primary dressing. Dressings with an adhesive border were not allocated tape.

We assumed dressings less than or equal to 16 square inches to be 4 inch by 4 inch. We assumed a 6 inch by 8 inch size for dressing between 16 and 48 square inches and 8 inches by 8 inches for dressings greater than or equal to 48 square inches. We allocated two inches extra of tape for each side. Therefore, a 4 inch by 4 inch dressing was allocated 24 inches of 1 inch tape. A 6 inch by 8 inch dressing was allocated 36 inches and a 8 inch by 8 inch dressing, 40 inches. We applied the current fee schedule price of \$0.12 per 18 square inches to the tape allocated. Each 4 inch by 4 inch dressing used \$0.16 in tape. A 6 inch by 8 inch dressing used \$0.24 in tape, \$0.27 for a 8 inch by 8 inch dressing.

To quantify the potential impact of questionable billing practices, we projected our findings, by multiplying sample results, i.e., Medicare allowances above the proposed DMERC guidelines, by 100. Confidence intervals for our projections are presented in Appendix B.

Nursing Home Survey

To determine how suppliers market wound care supplies and how nursing homes handle the provision of these supplies, we selected a stratified random sample of 420 skilled nursing facilities and nursing homes from the Health Care Financing Administration's Online Survey Certification and Reporting (OSCAR) system. The system contains every nursing home that is certified to receive Medicare or Medicaid funds. We decided to sample nursing homes from the OSCAR system that had a total size of 60 beds or more. This gave us a universe of 12,878 nursing homes from which we selected our sample.

We selected a stratified sample so that we could provide more focused information on five States: California, Florida, Illinois, New York, and Texas. These States are currently being targeted by Operation Restore Trust. We stratified our sample into six groups including the five States and all other remaining States. We sampled a total of 420 nursing homes; the number of nursing homes from each stratum is shown in the table below.

Strata	Universe	Sample	Responding Universe
California	931	60	636
Florida	565	60	414
Illinois	700	60	537
New York	584	60	457
Texas	964	60	723
Other States	9,134	120	7,003
Total	12,878	420	9,770

We sent identical questionnaires to the administrators of the 420 nursing homes. Surveys were returned by 315 nursing homes giving us an overall response rate of 75 percent. We chose to project responses only to the responding universe and not to the total universe of 12,878 nursing homes. Responses from the 315 nursing homes were weighted by stratum and projected only to the responding universe of 9,770 nursing homes. The responding universe for each stratum is included in the table above.

In order to accurately project responses to the total universe, we would have had to perform an analysis of non-respondents to evaluate the characteristics of nursing homes who chose not to respond. Because we knew very little about the non-responding nursing homes, we decided to use the more conservative responding universe.

For comparison purposes, data from the each of the fives States is presented along with data from the remaining 45 States in Appendix D.

Report Presentation

This report is one of three reports concerning Medicare payments for wound care supplies. The second report, *Questionable Medicare Payments for Wound Care Supplies (OEI-03-94-00790)* identifies questionable billing practices for wound care supplies under Medicare Part B between June 1994 and February 1995. A third report *Marketing of Wound Care Supplies (OEI-03-94-00791)* describes supplier and nursing home practices that can lead to questionable payments and examines issues concerning Medicare beneficiaries' use of wound care supplies nationally.

This inspection was conducted in accordance with the *Quality Standards for Inspections* issued by the President's Council on Integrity and Efficiency and is part of Operation Restore Trust.

FINDINGS

OVER \$22 MILLION OF \$65 MILLION IN QUESTIONABLE PAYMENTS FOR WOUND CARE SUPPLIES BETWEEN JUNE 1994 AND FEBRUARY 1995 WAS FOUND IN THE FIVE OPERATION RESTORE TRUST STATES.

The five States targeted by Operation Restore Trust, California, Florida, New York, Illinois, and Texas accounted for \$22 million in Medicare allowances for wound care supplies that exceeded utilization guidelines between June 1994 and February 1995. For all States, \$65 million of the \$98 million in Medicare Part B allowances for wound care supplies exceeded the proposed DMERC guidelines.

Questionable billing practices found in 62 percent of Medicare allowances in Operation Restore Trust States.

The \$22 million in questionable payments in California, Florida, New York, Illinois, and Texas represent 62 percent of the \$36 million in total wound care allowance for those States. Non-tape supplies account for over \$18 million of the questioned payments, tape approached \$4 million. These States had 39,200 beneficiaries that received wound care supplies. Excess utilization was found in 26,200 beneficiaries that received non-tape supplies. The table below summarizes the wound care activity for the five Operation Restore Trust States between June 1994 and February 1995.

Table 3. Wound Care Activity Summary - 5 Operation Restore Trust States

All 5 States	Allowance	Beneficiaries	Per Beneficiary	Supplies
Submitted	\$76,050,200	72,700	\$1,046	36,313,600
Allowed	\$35,640,150	39,200	\$910	26,969,200
Total Questioned	\$22,250,630	N/A	N/A	N/A
Questioned - Non-Tape	\$18,552,330	26,200	\$708	12,938,400
Questioned - Tape	\$3,698,300	N/A	N/A	N/A

Significantly higher costs per beneficiary was found in Illinois.

The submitted, allowed, and questioned wound care amounts per beneficiary were significantly higher in Illinois than the other Operation Restore Trust States. The wound care claims that were submitted for 68 Illinois beneficiaries in our sample averaged \$2,421. The next highest average in the ORT States was found in New York at \$1,612, no other ORT State exceeded \$790. The Medicare allowed charges for 50 Illinois beneficiaries averaged \$1,515. California followed at \$962 per beneficiary. Questionable payments were found in 33 Illinois beneficiaries that received non-tape

supplies. These payments averaged \$1,176, almost double the \$690 average of California beneficiaries. However, one Illinois beneficiary received questionable payments of \$21,770, which represented 12 percent of the ORT total. Questionable payments for the other 32 Illinois beneficiaries averaged \$532. The table below summarizes the wound care activity from the sample of beneficiaries in each State. Submitted and allowed totals include tape, questioned amounts are for non-tape supplies only.

Table 4. Wound Care Activity - Each Operation Restore Trust State

Wound Care Activity	Beneficiaries	Supplies	Allowance	Per Beneficiary
Illinois				
Submitted	68	67,281	\$164,597	\$2,421
Allowed	50	43,263	\$75,765	\$1,515
Questioned - Non-Tape	33	17,189	\$38,811	\$1,176
California				
Submitted	256	61,030	\$141,612	\$553
Allowed	79	46,731	\$75,993	\$962
Questioned - Non-Tape	63	20,833	\$43,467	\$690
New York				
Submitted	180	151,335	\$290,176	\$1,612
Allowed	128	116,953	\$119,867	\$936
Questioned - Non-Tape	95	62,782	\$59,740	\$629
Florida				
Submitted	109	41,868	\$86,152	\$790
Allowed	67	36,602	\$56,241	\$839
Questioned - Non-Tape	48	15,859	\$30,712	\$640
Texas				
Submitted	114	41,622	\$77,965	\$684
Allowed	68	26,143	\$28,736	\$423
Questioned - Non-Tape	23	12,721	\$12,793	\$556

QUESTIONABLE WOUND CARE PAYMENTS IN ORT STATES ARE CONCENTRATED BY PRODUCT, SUPPLIER, AND PLACE OF SERVICE

The excessive payments for wound care products in California, Florida, New York, Illinois, and Texas was concentrated in a small number of products and suppliers. In addition most of these payments were made for beneficiaries that resided in Skilled Nursing or Nursing Facilities.

Hydrogel wound care products account for 41 percent of the questionable Medicare allowances for non-tape supplies.

In the five Operation Restore Trust States, questionable payments for hydrogel wound care products accounted for 41 percent of the non-tape supplies that exceeded utilization guidelines. Of the \$185,523 in questionable non-tape payments in our sample, \$76,277 was made for hydrogel products. We identified \$44,356 in questionable payments for hydrogel wound filler alone. The data in Appendix C provides the Medicare allowances in our sample that exceeded the proposed DMERC guidelines for each wound care product, not including tape.

Almost half of the excessive payments in the five States were made to 9 suppliers, 6 percent of the sample. One supplier alone 19 percent of the questionable payments.

Nine suppliers received 49 percent of the non-tape payments for supplies that exceed utilization guidelines. They represent 6 percent of the 155 suppliers who provided wound care supplies in California, Florida, New York, Illinois, and Texas. The individual States show a similar concentration. In Illinois, one supplier received 57 percent of the questionable payments, two others received a total of 19 percent, for an overall total of 76 percent. Two suppliers in Texas received approximately half of the questionable non-tape payments identified in that State. In California and Florida, it was three suppliers, in New York it was four.

One of these suppliers appeared at the top in both California and Illinois and received 19 percent of all questionable payments in the five States. Another supplier appeared at the top in New York and Texas and received 3 percent of all questionable payments in the five States

Over three-quarters of questionable wound care payments was made for 54 percent of beneficiaries who resided Skilled Nursing or Nursing Facilities.

Over 77 percent of the excessive Medicare allowed payments for non-tape supplies was made for beneficiaries that resided in skilled nursing or nursing facilities. The beneficiaries in these locations accounted for 54 percent of all beneficiaries in California, Florida, New York, Illinois, and Texas. The remaining 23 percent of excess payments was made for the 46 percent of the beneficiaries that resided at home or a custodial care facility. The table on the following page shows the excessive payments

for non-tape supplies by place of service. Nine beneficiaries appear in more than one place.

Table 5. Excessive Payments for Non-Tape Wound Supplies by Place of Service

Place of Service	Beneficiaries	Allowances
Skilled Nursing Facility	120	\$125,597
Home	123	\$38,443
Nursing Facility	27	\$17,385
Custodial Care Facility	1	\$4,098

NURSING HOMES IN OPERATION RESTORE TRUST STATES REPORT SIMILAR MARKETING PRACTICES BY WOUND CARE SUPPLIERS; HOWEVER, IN SOME STATES THE PRACTICES ARE MORE WIDESPREAD.

Overall, among the five Operation Restore Trust States there were not significant variances in how nursing homes responded to survey questions concerning supplier marketing practices. This was true when comparing both the ORT States to each other and to the rest of the States in the nation. However, there were several supplier marketing practices where certain ORT States reported significantly different levels of occurrence. A copy of the survey instrument with individual State responses for each question is provided in Appendix D.

The prevalence of inducement offers from suppliers varied significantly among the ORT States.

While 23 percent of Florida nursing homes and 22 percent of Texas nursing homes reported having been offered inducements such as free gift or supplies from wound care suppliers, only 4 percent of New York nursing homes report such inducements. Less than one-tenth of Illinois nursing homes (7 percent) reported supplier inducement attempts. California's nursing homes reported inducements at a rate of 15 percent which was similar to the 13 percent average of all other States.

The degree of influence some suppliers attempt to have over the provision of wound care supplies to nursing homes differs among ORT States.

Among the ORT States, nursing homes differ on whether it is their staff or the supplier representative that decides the number of wound care supplies to be delivered in a given month. Only 7 percent of California nursing homes had suppliers making this determination, while more than one-third of nursing homes in New York (34 percent) had suppliers performing this task. Eleven percent of nursing homes in Florida had suppliers determining the amount of supplies delivered in a month. While, Illinois and Texas had 24 and 22 percent respectively. Similar to Illinois and

Texas, 24 percent of all other States reported that suppliers determined the number of supplies provided monthly.

Nursing homes in the ORT States reported statistically significant differences in suppliers' provision of prescription forms to be filled out by the nursing home or patient's physician. New York facilities reported a high of 34 percent of suppliers providing these forms. In addition, nursing homes in New York appear more likely to also have suppliers fill out the prescription form and present it for the physicians signature than other States. All of the ORT States reported higher percentages for supplier provision of prescription forms than the 8 percent average reported by all other States.

The ORT States also differ in the amount of access suppliers request to patient medical records. Almost half of the nursing homes in New York (47 percent) reported that supplier representatives have requested to review patient medical records. This percentage was more than double the percentage of nursing homes reporting this situation in non-ORT States (20 percent). The next highest ORT State was Florida with 16 percent and Illinois, California, and Texas with 13, 12, and 11 percent.

COMMENTS

We solicited and received comments on our draft reports from HCFA and other concerned organizations. The organizations that provided us with responses were the Health Industry Distributors Association (HIDA), the Health Industry Manufacturers Association (HIMA), and the National Association for the Support of Long Term Care (NASL).

The NASL made the only comment that was directed specifically at this report. They stated that the fact that the five Operation Restore Trust States account for a high proportion of the wound care supplies is only logical since these are the States with the largest Medicare market. We agree. The purpose of this report was to provide a single document that would be useful to the Operation Restore Trust partners who are operating in the five States. This report is a compilation of information collected for two companion reports, *Questionable Medicare Payments for Wound Care Supplies* (OEI-03-94-00790), and *Marketing of Wound Care Supplies* (OEI-03-94-00791). The remaining comments from HCFA and the outside organizations and our responses to those comments are presented in the companion reports.

APPENDIX A

WOUND CARE SUPPLY UTILIZATION GUIDELINES OCTOBER 1, 1995

HCPCS	WOUND CARE PRODUCT	STANDARD
K0196	Alginate dressing wound cover, without adhesive, 16 sq. in. or less	1/day
K0197	Alginate dressing wound cover, without adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	1/day
K0198	Alginate dressing wound cover, without adhesive, more than 48 sq. in.	1/day
K0199	Alginate dressing wound filler, per 6 inches	2/day
K0203	Composite dressing wound cover, with adhesive, 16 sq. in. or less	3/week
K0204	Composite dressing wound cover, with adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	3/week
K0205	Composite dressing wound cover, with adhesive, more than 48 sq. in.	3/week
K0206	Contact layer, 16 sq. in. or less	1/week
K0207	Contact layer, ≥ 16 sq. in. ≤ 48 sq. in.	1/week
K0208	Contact layer, more than 48 sq. in.	1/week
K0209	Foam dressing wound cover, without adhesive, 16 sq. in. or less	3/week
K0210	Foam dressing wound cover, without adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	3/week
K0211	Foam dressing wound cover, without adhesive, more than 48 sq. in.	3/week
K0212	Foam dressing wound cover, with adhesive, 16 sq. in. or less	3/week
K0213	Foam dressing wound cover, with adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	3/week
K0214	Foam dressing wound cover, with adhesive, more than 48 sq. in.	3/week
K0215	Foam dressing wound filler, per gram	1/day
K0216	Gauze non-impregnated, without adhesive, 16 sq. in. or less	3/day
K0217	Gauze non-impregnated, without adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	3/day
K0218	Gauze non-impregnated, without adhesive, more than 48 sq. in.	3/day
K0219	Gauze non-impregnated, with adhesive, 16 sq. in. or less	1/day
K0220	Gauze non-impregnated, with adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	1/day
K0221	Gauze non-impregnated, with adhesive, more than 48 sq. in.	1/day
K0222	Gauze impregnated, without adhesive, 16 sq. in. or less	1/day
K0223	Gauze impregnated, without adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	1/day
K0224	Gauze impregnated, without adhesive, more than 48 sq. in.	1/day
K0228	Gauze impregnated, without adhesive, 16 sq. in. or less	1/day
K0229	Gauze impregnated, without adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	1/day
K0230	Gauze impregnated, without adhesive, more than 48 sq. in.	1/day
K0263	Gauze elastic, all types, per linear yard	same as primary
K0264	Gauze nonelastic, per linear yard	same as primary
K0266	Gauze impregnated, any width, per linear yard	same as primary
K0234	Hydrocolloid dressing wound cover, without adhesive, 16 sq. in. or less	3/week
K0235	Hydrocolloid dressing wound cover, without adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	3/week
K0236	Hydrocolloid dressing wound cover, without adhesive, more than 48 sq. in.	3/week
K0237	Hydrocolloid dressing wound cover, with adhesive, 16 sq. in. or less	3/week
K0238	Hydrocolloid dressing wound cover, with adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	3/week
K0239	Hydrocolloid dressing wound cover, with adhesive, more than 48 sq. in.	3/week
K0240	Hydrocolloid dressing wound filler, paste, per fluid ounce	3/week
K0241	Hydrocolloid dressing wound filler, dry form, per gram	3/week

HCPCS WOUND CARE PRODUCT**STANDARD**

K0242	Hydrogel dressing wound cover, without adhesive, 16 sq. in. or less	1/day
K0243	Hydrogel dressing wound cover, without adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	1/day
K0244	Hydrogel dressing wound cover, without adhesive, more than 48 sq. in.	1/day
K0245	Hydrogel dressing wound cover, without adhesive, 16 sq. in. or less	3/week
K0246	Hydrogel dressing wound cover, without adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	3/week
K0247	Hydrogel dressing wound cover, without adhesive, more than 48 sq. in.	3/week
K0248	Hydrogel dressing wound filler, gel, per fluid ounce	3/month
K0249	Hydrogel dressing wound filler, dry form, per gram	3/month
K0251	Specialty absorptive dressing wound cover, without adhesive, 16 sq. in. or less	1/day
K0252	Specialty absorptive dressing wound cover, without adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	1/day
K0253	Specialty absorptive dressing wound cover, without adhesive, more than 48 sq. in.	1/day
K0254	Specialty absorptive dressing wound cover, with adhesive, 16 sq. in. or less	1/every other day
K0255	Specialty absorptive dressing wound cover, with adhesive, ≥ 16 sq. in. ≤ 48 sq. in.	1/every other day
K0256	Specialty absorptive dressing wound cover, with adhesive, more than 48 sq. in.	1/every other day
K0257	Transparent film, 16 sq. in. or less, each dressing	3/week
K0258	Transparent film, ≥ 16 sq. in. ≤ 48 sq. in.	3/week
K0259	Transparent film, more than 48 sq. in.	3/week
K0154	Wound pouch, each	3/week
K0261	Wound filler, not elsewhere classified, gel/paste, per fluid ounce	1/day
K0262	Wound filler, not elsewhere classified, dry form, per gram	1/day
A4460	Elastic bandage, per roll	1/week
K0265	Tape, all types, per 18 sq. in.	per wound cover
A4454	Tape, all types, all sizes	per wound cover

APPENDIX B

CONFIDENCE INTERVALS

We reported our projected totals by multiplying 100 by the point estimates in our samples. The point estimates represent the total allowance, number of supplies, or number of beneficiaries. The tables below include confidence interval columns. The number provided in this column is the semi-width of the confidence interval for each of the projected totals. The semi-width is the standard error of the projection multiplied by 1.96 when computing confidence intervals at the 95 percent level. The semi-width added to or subtracted from the estimated mean or total (projection) provides a 95 percent confidence interval. The table title numbers below correspond with the table numbers in the report.

Table 1. Wound Care Supply Activity: 1990 - 1994

YR	Allowances		Number of Beneficiaries		Allowance Per Beneficiary		Number of Supplies	
	Confidence Interval	Projected Total	Conf. Interval	Projected Total	Conf. Interval	Projected Total	Confidence Interval	Projected Total
1990	+/- \$4,558,237	\$53,058,000	+/- 11,000	266,400	+/- \$39	\$199	N/A	N/A
1991	+/- \$6,238,560	\$86,558,000	+/- 11,000	273,300	+/- \$56	\$317	+/- 533,474	13,325,300
1992	+/- \$2,959,330	\$49,585,000	+/- 7,000	117,300	+/- \$102	\$423	+/- 2,452,102	44,760,600
1993	+/- \$7,099,973	\$132,126,000	+/- 6,000	86,600	+/- \$275	\$1,526	+/- 3,012,140	69,123,800
1994	+/- \$5,504,363	\$97,936,300	+/- 7,000	127,300	+/- \$147	\$769	+/- 2,754,694	81,127,700

Table 3. Wound Care Activity Summary - 5 Operation Restore Trust States

Activity	Allowances		Number of Beneficiaries		Allowance Per Beneficiary		Number of Supplies	
	Confidence Interval	Projected Total	Conf. Interval	Project. Total	Conf. Interval	Project. Total	Conf. Interval	Project. Total
Submitted	+/- \$4,908,020	\$76,050,200	+/- 6,200	72,700	+/- \$288	\$1,046	+/- 2,075,430	36,313,600
Allowed	+/- \$9,930,713	\$35,640,150	+/- 2,400	39,200	+/- \$138	\$910	+/- 5,925,809	26,969,200
Total Questioned	N/A	\$22,250,630	N/A	N/A	N/A	N/A	N/A	N/A
Questioned Non-Tape	+/- \$5,686,759	\$18,552,330	+/- 2,772	26,200	+/- \$204	\$708	+/- 3,263,443	12,938,400
Questioned Tape	+/- \$1,151,600	\$3,698,300	+/- 3,731	14,374	N/A	N/A	N/A	N/A

APPENDIX C

MEDICARE PART B NON-TAPE ALLOWANCES THAT EXCEEDED PROPOSED DMERC UTILIZATION GUIDELINES

HCPCS	CA	FL	NY	IL	TX	TOTAL
Alginate Dressings						
K0150	\$0	\$0	\$0	\$0	\$0	\$0
K0196/K0150KB	\$0	\$1,386	\$1,676	\$292	\$0	\$3,354
K0197/K0150KC	\$0	\$0	\$0	\$0	\$0	\$0
K0198/K0150KD	\$0	\$0	\$0	\$0	\$0	\$0
K0199	\$1,747	\$0	\$638	\$0	\$0	\$2,385
Total - Alginate Dressings	\$1,747	\$1,386	\$2,314	\$292	\$0	\$5,739
Composite Dressings						
K0153	\$0	\$0	\$62	\$0	\$0	\$62
K0203	\$218	\$0	\$234	\$4	\$0	\$456
K0204	\$50	\$447	\$424	\$0	\$0	\$921
K0205	\$0	\$347	\$0	\$0	\$0	\$347
Total - Composite Dressings	\$268	\$794	\$720	\$4	\$0	\$1,786
Contact Layers						
K0152	\$0	\$0	\$0	\$0	\$0	\$0
K0206	\$0	\$0	\$0	\$0	\$0	\$0
K0207	\$0	\$0	\$0	\$0	\$0	\$0
K0208	\$0	\$0	\$0	\$239	\$0	\$239
Total - Contact Layers	\$0	\$0	\$0	\$239	\$0	\$239
Foam Dressings						
K0151	\$0	\$0	\$0	\$0	\$0	\$0
K0209/K0151KB	\$1,040	\$3,979	\$6,628	\$2,507	\$96	\$14,250
K0210/K0151KC	\$0	\$1,136	\$766	\$747	\$511	\$3,160
K0211/K0151KD	\$3,150	\$0	\$133	\$929	\$0	\$4,212
K0212	\$1,920	\$244	\$1,644	\$0	\$245	\$4,053
K0213	\$0	\$636	\$0	\$0	\$0	\$636
K0214	\$0	\$0	\$0	\$0	\$0	\$0
K0215	\$0	\$0	\$0	\$0	\$0	\$0
Total - Foam Dressings	\$6,110	\$5,995	\$9,171	\$4,183	\$852	\$26,311

HCPCS	CA	FL	NY	IL	TX	TOTAL
Gauze						
A4200	\$59	\$0	\$403	\$57	\$147	\$666
A4202	\$0	\$0	\$0	\$0	\$0	\$0
A4203	\$0	\$0	\$0	\$0	\$0	\$0
K0216/A4200KB	\$918	\$752	\$4,316	\$919	\$869	\$7,774
K0217/A4200KC	\$150	\$891	\$354	\$1,880	\$1,309	\$4,584
K0218/A4200KD	\$6,215	\$70	\$1,456	\$6,246	\$0	\$13,987
K0219	\$0	\$0	\$0	\$0	\$0	\$0
K0220	\$0	\$0	\$20	\$0	\$0	\$20
K0221	\$0	\$0	\$0	\$0	\$0	\$0
K0222	\$59	\$707	\$741	\$325	\$0	\$1,832
K0223	\$519	\$380	\$260	\$0	\$0	\$1,159
K0224	\$0	\$0	\$0	\$0	\$0	\$0
K0228	\$0	\$1,649	\$0	\$0	\$0	\$1,649
K0229	\$489	\$517	\$2,073	\$596	\$423	\$4,098
K0230	\$0	\$0	\$0	\$0	\$0	\$0
K0263/A4202KF	\$0	\$0	\$0	\$0	\$0	\$0
K0264/A4203KF	\$0	\$0	\$0	\$0	\$0	\$0
K0266	\$0	\$0	\$0	\$0	\$0	\$0
Total - Gauze	\$8,409	\$4,966	\$9,623	\$10,023	\$2,748	\$35,769
Hydrocolloid Dressing						
A4204	\$340	\$680	\$1,535	\$0	\$13	\$2,568
K0149	\$74	\$0	\$0	\$0	\$0	\$74
K0234/K0149KB	\$99	\$0	\$82	\$190	\$200	\$571
K0235/K0149KC	\$362	\$398	\$21	\$0	\$0	\$781
K0236/K0149KD	\$0	\$0	\$0	\$0	\$0	\$0
K0237	\$36	\$0	\$197	\$0	\$0	\$233
K0238	\$0	\$52	\$0	\$611	\$0	\$663
K0239	\$0	\$0	\$0	\$0	\$0	\$0
K0240	\$0	\$0	\$0	\$0	\$0	\$0
K0241	\$0	\$0	\$0	\$0	\$0	\$0
Total - Hydrocolloid Dressings	\$911	\$1,130	\$1,835	\$801	\$213	\$4,890

HCPCS	CA	FL	NY	IL	TX	TOTAL
Hydrogel Dressings						
A4205	\$319	\$0	\$796	\$637	\$372	\$2,124
K0148	\$0	\$0	\$0	\$0	\$0	\$0
K0242/K0148KB	\$1,905	\$292	\$1,748	\$250	\$544	\$4,739
K0243/K0148KC	\$2,963	\$178	\$5,649	\$0	\$269	\$9,059
K0244/K0148KD	\$2,057	\$0	\$1,063	\$11,388	\$0	\$14,508
K0245	\$0	\$0	\$39	\$0	\$0	\$39
K0246	\$0	\$94	\$1,174	\$0	\$184	\$1,452
K0247	\$0	\$0	\$0	\$0	\$0	\$0
K0248/K0148KE	\$11,405	\$12,979	\$13,684	\$2,528	\$3,760	\$44,356
K0249	\$0	\$0	\$0	\$0	\$0	\$0
Total - Hydrogel Dressings	\$18,649	\$13,543	\$24,153	\$14,803	\$5,129	\$76,277
Specialty Absorptive Dressings						
K0251	\$0	\$30	\$258	\$0	\$0	\$288
K0252	\$60	\$140	\$1,165	\$1,466	\$194	\$3,025
K0253	\$2,128	\$86	\$389	\$1,798	\$1,902	\$6,303
K0254	\$240	\$107	\$0	\$0	\$0	\$347
K0255	\$0	\$191	\$0	\$0	\$0	\$191
K0256	\$0	\$0	\$0	\$0	\$0	\$0
Total - Specialty Absorptive Dressings	\$2,428	\$554	\$1,812	\$3,264	\$2,096	\$10,154
Transparent Film						
A4190	\$12	\$0	\$79	\$174	\$19	\$284
K0257/A4190KB	\$39	\$8	\$126	\$0	\$33	\$206
K0258/A4190KC	\$1,952	\$230	\$1,437	\$3,454	\$360	\$7,433
K0259/A4190KD	\$69	\$0	\$0	\$0	\$0	\$69
Total - Transparent Film	\$2,072	\$238	\$1,642	\$3,628	\$412	\$7,992
Other Supplies						
A4323 Saline Solution	\$2,828	\$2,107	\$7,166	\$1,237	\$1,346	\$14,684
A4460 Elastic bandage	\$43	\$0	\$236	\$0	\$0	\$279
A4927 Gloves	\$0	\$0	\$0	\$16	\$0	\$16
K0262 Wound filler, dry form	\$0	\$0	\$1,067	\$320	\$0	\$1,387
Total - Other Supplies	\$2,871	\$2,107	\$8,469	\$1,573	\$1,346	\$16,366
Non-Tape Supplies						
Total	\$43,465	\$30,713	\$59,739	\$38,810	\$12,796	\$185,523

APPENDIX D

NURSING HOME STATE DATA

Each nursing home in our sample was asked to complete a 48 question survey. The questions for the survey were developed by reviewing information on wound care supplies produced by HCFA, the Durable Medical Equipment Regional Carriers, wound care suppliers, and professional organizations.

For most questions, we report the percentage of nursing home responses to the question and the projected number of responses by the each of the five States. The percentages have been rounded to the nearest whole number and therefore will not always add up to exactly 100 percent. The projected numbers have been rounded and will therefore not always add up to exactly 9,770 nursing homes. In addition, for several questions respondents selected more than one answer. These questions are identified by an asterisk in the sample survey instrument that follows. In the several questions where respondents were asked to provide numerical data (e.g., number of beds or percentage of patients receiving incontinence supplies), an average number or percentage is provided.

We also report the semi-width for each of the response percentages at the 95 percent confidence level. The semi-width is the standard error of the projection multiplied by 1.96. The semi-width added or subtracted to the percentage provides a 95 percent confidence interval. The range of the 95 percent confidence interval is presented in the table following each question.

Under each question, a table is presented that breaks down each response by State. For each State, the first number provided is the percentage responding, the second number is the semi-width, and the third number is the projected number of nursing homes.

**SURGICAL DRESSINGS AND WOUND CARE SUPPLIES
NURSING FACILITY SURVEY**

This survey is being conducted by the Office of Evaluation and Inspections within the U.S. Department of Health and Human Services' Office of Inspector General. We are currently reviewing Medicare's payments for surgical dressings and wound care supplies. We are also interested in learning about equipment suppliers' marketing practices for wound care supplies. When we refer to wound care supplies, we mean supplies such as gauze, tape, specialty dressings, wound pouches, etc. that are used in the treatment of surgical openings or debrided wounds.

Our review is focusing on Medicare Part B payment of wound supplies. Please keep this in mind when completing this survey. We are not at this time interested in wound care supplies or surgical dressings that are included in Medicare Part A cost reports.

All information provided will be kept confidential. All data will be reported out in the aggregate and the names of nursing facilities will never be identified to the public. If you have any questions about this survey, please call Linda Ragone at 1-800-531-9562.

Please return this survey by March 27, 1995 in the enclosed self-addressed, pre-paid envelope or if you prefer you can fax it to us at (215) 596-6987. We appreciate your cooperation and assistance.

Please print the following information (please list as the respondent the person who answers the survey questions):

RESPONDENT: _____

JOB TITLE: _____

NURSING FACILITY: _____

ADDRESS: _____

TELEPHONE: _____

General Information

1. How does Medicare categorize your facility?

Response	CA	FL	IL	NY	TX	OTHER
Skilled Nursing Facility	76 ±13.1 483	70 ±13.5 290	43 ±14.3 231	89 ±8.9 407	22 ±12.1 159	33 ±9.6 2311
Nursing Facility	2 ±4.3 13	0 ±0.0 0	26 ±12.7 140	6 ±6.8 27	27 ±13.0 195	17 ±7.7 1191
Both Skilled Nursing Facility and Nursing Facility	22 ±12.7 140	25 ±12.8 104	15 ±10.3 81	2 ±4.0 9	44 ±14.5 318	50 ±10.2 3502
Other (please specify)	0 ±0.0 0	0 ±0.0 0	15 ±10.3 81	2 ±4.0 9	4 ±5.7 29	0 ±0.0 0
No Response	0 ±0.0 0	5 ±6.4 21	0 ±0.0 0	0 ±0.0 0	2 ±4.1 14	0 ±0.0 0

2. How many beds does your nursing facility contain?

Response	CA	FL	IL	NY	TX	OTHER
Number of Beds	112.9 ±15.6	152.4 ±16.7	200.7 ±97.1	165.7 ±27.2	142.4 ±24.8	131.1 ±14.8

3. How many patients are currently residing in your facility?

Response	CA	FL	IL	NY	TX	OTHER
Number of Patients	98.6 ±11.0	113.7 ±10.4	137.6 ±47.5	165.1 ±26.6	96.6 ±10.5	108.8 ±10.9

4. What percentage of your population is eligible for Medicare Part B Coverage?

Response	CA	FL	IL	NY	TX	OTHER
Percent Eligible for Medicare Part B Coverage	81.7 ±7.6	84.9 ±6.7	86.2 ±5.1	90.5 ±6.4	82.2 ±8.5	84.2 ±5.4

5. What percentage of your current patient population receive surgical dressings or wound care supplies (e.g. gauze, hydrogel or alginate dressings, wound pouches)?

Response	CA	FL	IL	NY	TX	OTHER
Percent of Patients Receiving Wound Care Supplies	13.2 ±4.5	12.5 ±3.8	11.0 ±2.7	6.7 ±2.5	8.9 ±2.5	9.7 ±2.5

6. Are any of the surgical dressings or wound care supplies used for patients in your nursing facility billed to Medicare Part B?

Response	CA	FL	IL	NY	TX	OTHER
Yes	54 ±15.3 343	50 ±14.8 207	48 ±14.4 258	57 ±14.2 260	49 ±14.6 354	57 ±10.1 3992
No	44 ±15.2 280	45 ±14.7 186	48 ±14.4 258	38 ±13.9 174	49 ±14.6 354	38 ±9.9 2661
No Response	2 ±4.3 13	5 ±6.4 21	4 ±5.7 21	4 ±5.6 18	2 ±4.1 14	5 ±4.5 350

7. Does your nursing facility directly bill Medicare Part B for wound care supplies or do you have at least one external supplier who bills Medicare Part B directly for these supplies?

Response	CA	FL	IL	NY	TX	OTHER
Nursing Facility is sole supplier	49 ±15.3 312	23 ±12.4 95	20 ±11.6 107	4 ±5.6 18	27 ±13.0 195	33 ±9.6 2311
At least one external supplier	37 ±14.8 235	36 ±14.2 149	48 ±14.4 258	70 ±13.1 320	40 ±14.3 289	45 ±10.2 3151
Other (please specify)	10 ±9.2 64	23 ±12.4 95	24 ±12.3 129	23 ±12.0 105	24 ±12.5 174	18 ±7.9 1261
No Response	5 ±6.7 32	18 ±11.4 75	9 ±8.3 48	2 ±4.0 9	9 ±8.4 65	4 ±4.0 280

8. Do you have a wound care supplier that provides wound care products only to the Medicare-eligible patients in your facility?

Response	CA	FL	IL	NY	TX	OTHER
Yes	20 ±12.2 127	18 ±11.4 75	22 ±12.0 118	40 ±14.0 183	31 ±13.5 224	17 ±7.7 1191
No	78 ±12.7 496	77 ±12.4 319	70 ±13.2 376	57 ±14.2 260	67 ±13.7 484	79 ±8.3 5532
No Response	2 ±4.3 13	5 ±6.4 21	9 ±8.3 48	2 ±4.0 9	2 ±4.1 14	3 ±3.5 210

9. How did your facility become aware of the suppliers you use?

Response	CA	FL	IL	NY	TX	OTHER
Through supplier advertisements	10 ±9.2 64	14 ±10.3 58	9 ±8.3 48	4 ±5.6 18	2 ±4.1 14	22 ±8.5 1541
Through supplier direct mail marketing	5 ±6.7 32	9 ±8.5 37	4 ±5.7 21	2 ±4.0 9	2 ±4.1 14	8 ±5.5 560
Through supplier representative/salesperson visit	63 ±14.8 401	41 ±14.5 170	54 ±14.4 290	74 ±12.5 338	36 ±14.0 260	67 ±9.6 4692
Other (please specify)	37 ±14.8 235	39 ±14.4 161	39 ±14.1 209	23 ±12.0 105	40 ±14.3 289	36 ±9.8 2521
No Response	7 ±7.8 45	20 ±11.8 83	13 ±9.7 70	4 ±5.6 18	27 ±13.0 195	4 ±4.0 280

* more than one answer was selected by some respondents

Use of Wound Care Supplies

10. Who initially identifies that a patient has a need for wound care supplies?

Response	CA	FL	IL	NY	TX	OTHER
Family Physician	24 ±13.1 153	39 ±14.4 161	41 ±14.2 220	38 ±13.9 174	44 ±14.5 318	34 ±9.7 2381
Medical Director of Nursing Facility	7 ±7.8 45	2 ±4.1 8	9 ±8.3 48	11 ±8.9 50	7 ±7.5 51	9 ±5.8 630
Supplier Representative	2 ±4.3 13	2 ±4.1 8	4 ±5.7 21	2 ±4.0 9	0 ±0.0 0	1 ±2.0 70
Director of Nursing	39 ±14.9 248	20 ±11.8 83	30 ±13.2 161	17 ±10.7 78	47 ±14.6 340	25 ±8.8 1751
Nurse/Nursing Facility Attendant	63 ±14.8 401	70 ±13.5 290	59 ±14.2 317	66 ±13.5 302	38 ±14.2 275	70 ±9.4 4902
Wound Care Specialist Contracted by Nursing Facility	20 ±12.2 127	14 ±10.3 58	11 ±9.0 59	4 ±5.6 18	0 ±0.0 0	3 ±3.5 210
Other (please specify)	17 ±11.5 108	20 ±11.8 83	20 ±11.6 107	23 ±12.0 105	11 ±9.1 80	11 ±6.4 770
No Response	0 ±0.0 0	0 ±0.0 0	0 ±0.0 0	0 ±0.0 0	2 ±4.1 14	0 ±0.0 0

* more than one answer was selected by some respondents

11. Who decides what specific supplies will be ordered for the patient?

Response	CA	FL	IL	NY	TX	OTHER
Family Physician	49 ±15.3 312	66 ±14.0 273	57 ±14.3 306	49 ±14.3 224	62 ±14.2 448	63 ±9.9 4412
Medical Director of Nursing Facility	10 ±9.2 64	7 ±7.5 29	9 ±8.3 48	13 ±9.6 59	7 ±7.5 51	13 ±6.9 910
Supplier Representative	5 ±6.7 32	0 0.0 0±	4 ±5.7 21	6 ±6.8 27	0 ±0.0 0	2 ±2.9 140
Director of Nursing	56 ±15.2 356	18 ±11.4 75	44 ±14.3 236	17 ±10.7 78	40 ±14.3 289	21 ±8.3 1471
Nurse/Nursing Facility Attendant	29 ±13.9 184	41 ±14.5 170	26 ±12.7 140	43 ±14.2 197	16 ±10.7 116	39 ±10.0 2731
Wound Care Specialist Contracted by Nursing Facility	22 ±12.7 140	14 ±10.3 58	13 ±9.7 70	9 ±8.2 41	2 ±4.1 14	12 ±6.6 840
Inventory Supervisor	7 ±7.8 45	5 ±6.4 21	4 ±5.7 21	0 ±0.0 0	2 ±4.1 14	3 ±3.5 210
Other (please specify)	15 ±10.9 95	18 ±11.4 75	9 ±8.3 48	30 ±13.1 137	11 ±9.1 80	18 ±7.9 1261
No Response	0 ±0.0 0	0 ±0.0 0	0 ±0.0 0	0 ±0.0 0	2 ±4.1 14	1 ±2.0 70

* more than one answer was selected by some respondents

12. How are the wound care supplies initially ordered?

Response	CA	FL	IL	NY	TX	OTHER
Nursing facility contacts supplier	78 ±12.7 496	91 ±8.5 377	76 ±12.3 408	85 ±10.2 388	69 ±13.5 499	80 ±8.2 5602
Supplier is told of need when supplier representative or delivery person visits	7 ±7.8 45	5 ±6.4 21	9 ±8.3 48	13 ±9.6 59	7 ±7.5 51	5 ±4.5 350
Supplier suggests wound care supplies would be appropriate for certain patients	7 ±7.8 45	5 ±6.4 21	4 ±5.7 21	2 ±4.0 9	4 ±5.7 29	3 ±3.5 210
Other (please specify)	12 ±9.9 76	7 ±7.5 29	20 ±11.6 107	9 ±8.2 41	16 ±10.7 116	16 ±7.5 1120
No Response	0 ±0.0 0	0 ±0.0 0	2 ±4.0 11	2 ±4.0 9	7 ±7.5 51	2 ±2.9 140

* more than one answer was selected by some respondents

13. At which stages of a pressure ulcer, do you use Medicare-reimbursed wound care supplies on patients?

Response	CA	FL	IL	NY	TX	OTHER
Stage I	2 ±4.3 13	7 ±7.5 29	7 ±7.4 38	4 ±5.6 18	4 ±5.7 29	11 ±6.4 770
Stage II	12 ±9.9 76	20 ±11.8 83	24 ±12.3 129	15 ±10.2 69	27 ±13.0 195	30 ±9.4 2101
Stage III	76 ±13.1 483	64 ±14.2 265	52 ±14.4 279	36 ±13.7 165	60 ±14.3 434	63 ±9.9 4412
Stage IV	59 ±15.1 375	43 ±14.6 178	37 ±14.0 199	60 ±14.0 274	38 ±14.2 275	48 ±10.2 3361
Other (please specify)	12 ±9.9 76	18 ±11.4 75	28 ±13.0 150	36 ±13.7 165	13 ±9.8 94	20 ±8.2 1401
No Response	5 ±6.7 32	18 ±11.4 75	15 ±10.3 81	4 ±5.6 18	9 ±8.4 65	10 ±6.1 700

* more than one answer was selected by some respondents

Supplier Marketing Practices

14. Have supplier representatives ever tried to market their wound care products directly to patients?

Response	CA	FL	IL	NY	TX	OTHER
Yes	2 ±4.3 13	9 ±8.5 37	4 ±5.7 21	4 ±5.6 18	9 ±8.4 65	5 ±4.5 350
No	98 ±4.3 623	89 ±9.2 368	93 ±7.4 499	96 ±5.6 439	89 ±9.1 643	95 ±4.5 6653
No Response	0 ±0.0 0	2 ±4.1 8	2 ±4.0 11	0 ±0.0 0	2 ±4.1 14	0 ±0.0 0

15. Have supplier representatives ever helped you determine which patients in your facility qualify for Medicare reimbursement of wound care supplies?

Response	CA	FL	IL	NY	TX	OTHER
Yes	22 ±12.7 140	25 ±12.8 104	24 ±12.3 129	45 ±14.2 206	29 ±13.3 210	32 ±9.5 2241
No	78 ±12.7 496	73 ±13.1 302	76 ±12.3 408	55 ±14.2 251	69 ±13.5 499	67 ±9.6 4692
No Response	0 ±0.0 0	2 ±4.1 8	0 ±0.0 0	0 ±0.0 0	2 ±4.1 14	1 ±2.0 70

16. Have supplier representatives ever attempted to help you determine which Medicare-eligible patients in your facility need various wound care supplies?

Response	CA	FL	IL	NY	TX	OTHER
Yes	20 ±12.2 127	36 ±14.2 149	22 ±12.0 118	19 ±11.2 87	22 ±12.1 159	36 ±9.8 2521
No	80 ±12.2 509	61 ±14.4 253	78 ±12.0 419	81 ±11.2 370	76 ±12.5 549	63 ±9.9 4412
No Response	0 ±0.0 0	2 ±4.1 8	0 ±0.0 0	0 ±0.0 0	2 ±4.1 14	1 ±2.0 70

17. Have supplier representatives ever attempted to help you determine if patients not eligible for Medicare need various wound care supplies?

Response	CA	FL	IL	NY	TX	OTHER
Yes	17 ±11.5 108	23 ±12.4 95	20 ±11.6 107	21 ±11.6 96	13 ±9.8 94	25 ±8.8 1751
No	83 ±11.5 528	75 ±12.8 311	80 ±11.6 430	77 ±12.0 352	84 ±10.7 607	73 ±9.1 5112
No Response	0 ±0.0 0	2 ±4.1 8	0 ±0.0 0	2 ±4.0 9	2 ±4.1 14	2 ±2.9 140

18. Have you ever been offered inducements by suppliers such as free products to allow them to provide wound care supplies to your patients?

Response	CA	FL	IL	NY	TX	OTHER
Yes	15 ±10.9 95	23 ±12.4 95	7 ±7.4 38	4 ±5.6 18	22 ±12.1 159	13 ±6.9 910
No	85 ±10.9 541	75 ±12.8 311	89 ±9.0 478	96 ±5.6 439	73 ±13.0 528	86 ±7.1 6023
No Response	0 ±0.0 0	2 ±4.1 8	4 ±5.7 21	0 ±0.0 0	4 ±5.7 29	1 ±2.0 70

If yes, please describe the nature of such inducements.

Response	CA	FL	IL	NY	TX	OTHER
Provided Information	83	90	100	100	90	92
Did Not Provide Information	17	10	0	0	10	8

19. Has a supplier ever provided you with the necessary prescription forms to be filled out by your facility's physician or the patient's family physician?

Response	CA	FL	IL	NY	TX	OTHER
Yes	10 ±9.2 64	9 ±8.5 37	15 ±10.3 81	34 ±13.5 155	11 ±9.1 80	8 ±5.5 560
No	88 ±9.9 560	91 ±8.5 377	83 ±10.9 446	66 ±13.5 302	84 ±10.7 607	91 ±5.8 6373
No Response	2 ±4.3 13	0 ±0.0 0	2 ±4.0 11	0 ±0.0 0	4 ±5.7 29	1 ±2.0 70

20. Has a supplier ever filled out the prescription form and presented it to you for the physician's signature?

Response	CA	FL	IL	NY	TX	OTHER
Yes	2 ±4.3 13	5 ±6.4 21	7 ±7.4 38	21 ±11.6 96	9 ±8.4 65	7 ±5.2 490
No	90 ±9.2 572	95 ±6.4 393	91 ±8.3 489	77 ±12.0 352	87 ±9.8 629	92 ±5.5 6443
No Response	7 ±7.8 45	0 ±0.0 0	2 ±4.0 11	2 ±4.0 9	4 ±5.7 29	1 ±2.0 70

21. Does the supplier representative decide the number of supplies to be delivered in a given month?

Response	CA	FL	IL	NY	TX	OTHER
Yes	7 ±7.8 45	11 ±9.2 46	24 ±12.3 129	34 ±13.5 155	22 ±12.1 159	24 ±8.7 1681
No	90 ±9.2 572	89 ±9.2 368	70 ±13.2 376	60 ±14.0 274	71 ±13.3 513	73 ±9.1 5112
No Response	2 ±4.3 13	0 ±0.0 0	7 ±7.4 38	6 ±6.8 27	7 ±7.5 51	3 ±3.5 210

22. Have you ever been told by a supplier that Medicare requires the use of certain types of products on patients suffering from wounds?

Response	CA	FL	IL	NY	TX	OTHER
Yes	2 ±4.3 13	20 ±11.8 83	9 ±8.3 48	4 ±5.6 18	13 ±9.8 94	8 ±5.5 560
No	95 ±6.7 604	80 ±11.08 331	91 ±8.3 489	96 ±5.6 439	84 ±10.7 607	90 ±6.1 6303
No Response	2 ±4.3 13	0 ±0.0 0	0 ±0.0 0	0 ±0.0 0	2 ±4.1 14	2 ±2.9 140

23. Have you ever been told by a supplier that Medicare requires the use of wound care kits on Medicare beneficiaries?

Response	CA	FL	IL	NY	TX	OTHER
Yes	5 ±6.7 32	16 ±10.8 66	7 ±7.4 38	4 ±5.6 18	11 ±9.1 80	12 ±6.6 840
No	95 ±6.7 604	82 ±11.4 339	93 ±7.4 499	96 ±5.6 439	82 ±11.2 593	87 ±6.9 6093
No Response	0 ±0.0 0	2 ±4.1 8	0 ±0.0 0	0 ±0.0 0	7 ±7.5 51	1 ±2.0 70

24. Has a supplier ever told you that wound care supplies will be provided to Medicare beneficiaries at no cost to the patient?

Response	CA	FL	IL	NY	TX	OTHER
Yes	32 ±14.3 204	27 ±13.1 112	28 ±13.0 150	13 ±9.6 59	22 ±12.1 159	29 ±9.3 2031
No	68 ±14.3 432	73 ±13.1 302	72 ±13.0 387	83 ±10.7 379	69 ±13.5 499	68 ±9.5 4762
No Response	0 ±0.0 0	0 ±0.0 0	0 ±0.0 0	4 ±5.6 18	9 ±8.4 65	2 ±2.9 140

25. Is the same basic wound care kit provided to every Medicare beneficiary in your nursing home?

Response	CA	FL	IL	NY	TX	OTHER
Yes	22 ±12.7 140	36 ±14.2 149	22 ±12.0 118	13 ±9.6 59	24 ±12.5 174	25 ±8.8 1751
No	63 ±14.8 401	45 ±14.7 186	59 ±14.2 317	72 ±12.8 329	51 ±14.6 369	55 ±10.2 3852
No Response	15 ±10.9 95	18 ±11.4 75	20 ±11.6 107	15 ±10.2 69	24 ±12.5 174	20 ±8.2 1401

26. Has a supplier ever suggested that a standard number of wound care trays or kits per day (e.g. three per day) should be used?

Response	CA	FL	IL	NY	TX	OTHER
Yes	7 ±7.8 45	9 ±8.5 37	17 ±10.9 91	6 ±6.8 27	18 ±11.2 130	12 ±6.6 840
No	90 ±9.2 572	91 ±8.5 377	80 ±11.6 430	87 ±9.6 398	73 ±13.0 528	85 ±7.3 5953
No Response	2 ±4.3 13	0 ±0.0 0	2 ±4.0 11	6 ±6.8 27	9 ±8.4 65	3 ±3.5 210

27. Have you ever been told by a supplier that Medicare will cover routine supplies such as saline solution if gauze or specialty dressings are purchased?

Response	CA	FL	IL	NY	TX	OTHER
Yes	10 ±9.2 64	14 ±10.3 58	7 ±7.4 38	2 ±4.0 9	16 ±10.7 116	11 ±6.4 770
No	90 ±9.2 572	86 ±10.3 356	93 ±7.4 499	94 ±6.8 430	76 ±12.5 549	86 ±7.1 6023
No Response	0 ±0.0 0	0 ±0.0 0	0 ±0.0 0	4 ±5.6 18	9 ±8.4 65	3 ±3.5 210

28. Do your suppliers routinely waive the 20 percent copayment required of Medicare beneficiaries?

Response	CA	FL	IL	NY	TX	OTHER
Yes	2 ±4.3 13	0 ±0.0 0	9 ±8.3 48	0 ±0.0 0	9 ±8.4 65	2 ±2.9 140
No	29 ±13.9 184	45 ±14.7 186	15 ±10.3 81	43 ±14.2 197	27 ±13.0 195	33 ±9.6 2311
Do Not Know	44 ±15.2 280	45 ±14.7 186	70 ±13.2 376	55 ±14.2 251	47 ±14.6 340	58 ±10.1 4062
No Response	24 ±13.1 153	9 ±8.5 37	7 ±7.4 38	2 ±4.0 9	18 ±11.2 130	8 ±5.5 560

29. Has a supplier ever provided a wound care specialist or specialty nurse to assist you in patient care or in developing a treatment plan?

Response	CA	FL	IL	NY	TX	OTHER
Yes	41 ±15.1 261	39 ±14.4 161	22 ±12.0 118	36 ±13.7 165	31 ±13.5 224	37 ±9.9 2591
No	59 ±15.1 350	59 ±14.5 244	74 ±12.7 397	60 ±14.0 274	62 ±14.2 448	62 ±9.9 4342
No Response	0 ±0.0 0	2 ±4.1 8	4 ±5.7 21	4 ±5.6 18	7 ±7.5 51	1 ±2.0 70

30. Has a supplier ever offered training to your staff concerning the treatment and care of wounds?

Response	CA	FL	IL	NY	TX	OTHER
Yes	68 ±14.3 432	68 ±13.8 282	63 ±14.0 338	72 ±12.8 329	51 ±14.6 369	73 ±9.1 5112
No	32 ±14.3 204	30 ±13.5 124	35 ±13.8 188	28 ±12.8 128	42 ±14.4 304	25 ±8.8 1751
No Response	0 ±0.0 0	2 ±4.1 8	2 ±4.0 11	0 ±0.0 0	7 ±7.5 51	2 ±2.9 140

31. How does your staff become aware of new wound care products that might benefit your patients?

Response	CA	FL	IL	NY	TX	OTHER
Through supplier representatives	56 ±15.2 356	57 ±14.6 236	54 ±14.4 290	68 ±13.3 311	58 ±14.4 419	71 ±9.3 4972
Training/Conferences offered by suppliers	59 ±15.1 375	55 ±14.7 228	41 ±14.2 220	60 ±14.0 274	44 ±14.5 318	42 ±10.1 2941
Medical journals/literature	68 ±14.3 432	68 ±13.8 282	57 ±14.3 306	83 ±10.7 379	49 ±14.6 354	61 ±10.0 4272
Training provided by medical/nursing associations	59 ±15.1 375	61 ±14.4 253	41 ±14.2 220	62 ±13.9 283	36 ±14.0 260	47 ±10.2 3291
Other (please specify)	20 ±12.2 127	23 ±12.4 95	20 ±11.6 107	23 ±12.0 105	20 ±11.7 145	24 ±8.7 1681
No Response	0 ±0.0 0	2 ±4.1 8	7 ±7.4 38	4 ±5.6 18	2 ±4.1 14	0 ±0.0 0

* more than one answer was selected by some respondents

32. Have supplier representatives ever requested to review patient medical records?

Response	CA	FL	IL	NY	TX	OTHER
Yes	12 ±9.9 76	16 ±10.8 66	13 ±9.7 70	47 ±14.3 215	11 ±9.1 80	20 ±8.2 1401
No	88 ±9.9 560	82 ±11.4 339	83 ±10.9 446	51 ±14.3 233	84 ±10.7 607	80 ±8.2 5602
No Response	0 ±0.0 0	2 ±4.1 8	4 ±5.7 21	2 ±4.0 9	4 ±5.7 29	0 ±0.0 0

If yes, for what reason?

Response	CA	FL	IL	NY	TX	OTHER
Provided Information	100	100	100	95	60	94
Did Not Provide Information	0	0	0	5	40	6

33. Have supplier representatives ever suggested how medical records should be documented to support the need for wound care supplies?

Response	CA	FL	IL	NY	TX	OTHER
Yes	12 ±9.9 76	25 ±12.8 104	9 ±8.3 48	17 ±10.7 78	20 ±11.7 145	17 ±7.7 1191
No	85 ±10.9 541	75 ±12.8 311	85 ±10.3 456	81 ±11.2 370	73 ±13.0 528	76 ±8.7 5322
No Response	2 ±4.3 13	0 ±0.0 0	7 ±7.4 38	2 ±4.0 9	7 ±7.5 51	7 ±5.2 490

34. How many different suppliers provide you with wound care supplies for your patients?

Response	CA	FL	IL	NY	TX	OTHER
Number of Suppliers	1.6 ±0.4	2.0 ±0.7	1.4 ±0.3	1.7 ±0.3	1.5 ±0.4	1.7 ±0.2

35. Please list the names, addresses, and phone numbers of the suppliers who provide your facility with the majority of wound care supplies for your patients?

Response	CA	FL	IL	NY	TX	OTHER
Provided Information	80	82	70	79	71	76
Did Not Provide Information	20	18	30	21	29	24

36. Are wound care supplies marketed to you in kits or as bulk supplies?

Response	CA	FL	IL	NY	TX	OTHER
Both Kits and Bulk Supplies	32 ±14.3 204	30 ±13.5 124	26 ±12.7 140	26 ±12.5 119	31 ±13.5 224	37 ±9.9 2591
Wound Care Kits	20 ±12.2 127	16 ±10.8 66	22 ±12.0 118	9 ±8.2 41	20 ±11.7 145	7 ±5.2 490
Bulk Supplies	32 ±14.3 204	34 ±14.0 141	39 ±14.1 209	43 ±14.2 197	29 ±13.3 210	39 ±10.0 2731
Other (please specify)	12 ±9.9 76	5 ±6.4 21	4 ±5.7 21	11 ±8.9 50	7 ±7.5 51	10 ±6.1 700
No Response	5 ±6.7 32	16 ±10.8 66	9 ±8.3 48	13 ±9.6 59	13 ±9.8 94	8 ±5.5 560

37. Are wound care supplies shipped to you in kit or bulk form?

Response	CA	FL	IL	NY	TX	OTHER
Both Kits and Bulk Supplies	29 ±13.9 184	23 ±12.4 95	22 ±12.0 118	21 ±11.6 96	31 ±13.5 224	29 ±9.3 2031
Wound Care Kits	12 ±9.9 76	7 ±7.5 29	22 ±12.0 118	6 ±6.8 27	20 ±11.7 145	5 ±4.5 350
Bulk Supplies	44 ±15.2 280	41 ±14.5 170	39 ±14.1 209	45 ±14.2 206	31 ±13.5 224	48 ±10.2 3361
Other (please specify)	7 ±7.8 45	7 ±7.5 29	2 ±4.0 11	13 ±9.6 59	4 ±5.7 29	9 ±5.8 630
No Response	7 ±7.8 45	23 ±12.4 95	15 ±10.3 81	15 ±10.2 69	13 ±9.8 94	9 ±5.8 630

38. When delivered by the supplier, are wound care kits or supplies marked or identified as being intended solely for a particular patient?

Response	CA	FL	IL	NY	TX	OTHER
Yes	32 ±14.3 204	27 ±13.1 112	35 ±13.8 188	51 ±14.3 233	33 ±13.7 239	37 ±9.9 2591
No	59 ±15.1 375	59 ±14.5 244	50 ±14.4 269	34 ±13.5 155	49 ±14.6 354	54 ±10.2 3782
No Response	10 ±9.2 64	14 ±10.3 58	15 ±10.3 81	15 ±10.2 69	18 ±11.2 130	9 ±5.8 630

39. If suppliers market or ship wound care kits to your facility, what supplies are typically contained in a kit?

Response	CA	FL	IL	NY	TX	OTHER
Provided Information	76	100	60	85	83	75
Did Not Provide Information	24	0	40	15	17	25

40. If suppliers market or ship wound care kits to your facility, do you typically use all of the supplies within those kits?

Response	CA	FL	IL	NY	TX	OTHER
Yes	34 ±14.5 216	27 ±13.1 112	35 ±13.8 188	28 ±12.8 128	40 ±14.3 289	32 ±9.5 2241
No	7 ±7.8 45	16 ±10.8 66	17 ±10.9 91	11 ±8.9 50	22 ±12.1 159	15 ±7.3 1050
No Response	59 ±15.1 375	57 ±14.6 236	48 ±14.4 258	62 ±13.9 283	38 ±14.2 275	53 ±10.2 3712

If no, what supplies are typically not used?

Response	CA	FL	IL	NY	TX	OTHER
Provided Information	33	71	38	20	50	43
Did Not Provide Information	67	29	63	80	50	57

41. Have you ever asked a supplier to make equipment changes, such as removal or addition of products, in their standard wound care kit?

Response	CA	FL	IL	NY	TX	OTHER
Yes	12 ±9.9 76	16 ±10.8 66	11 ±9.0 59	15 ±10.2 69	7 ±7.5 51	17 ±7.7 1191
No	61 ±14.9 388	57 ±14.6 236	59 ±14.2 317	45 ±14.2 206	76 ±12.5 549	55 ±10.2 3852
No Response	27 ±13.6 172	27 ±13.1 112	30 ±13.2 161	40 ±14.0 183	18 ±11.2 130	27 ±9.1 1891

If yes, what changes did you request?

Response	CA	FL	IL	NY	TX	OTHER
Provided Information	100	86	100	100	100	81
Did Not Provide Information	0	14	0	0	0	19

If yes, did the supplier make the changes?

Response	CA	FL	IL	NY	TX	OTHER
Yes	12 ±9.9 76	11 ±9.2 46	9 ±8.3 48	11 ±8.9 50	7 ±7.5 51	15 ±7.3 1050
No	0 ±0.0 0	5 ±6.4 21	0 ±0.0 0	6 ±6.8 27	0 ±0.0 0	3 ±3.5 210
No Response	88 ±9.9 560	84 ±10.8 348	91 ±8.3 489	83 ±10.7 379	93 ±7.5 672	82 ±7.9 5742

42. Do suppliers provide you with all the necessary wound care supplies for each patient once a month?

Response	CA	FL	IL	NY	TX	OTHER
Yes	37 ±14.8 235	25 ±12.8 104	37 ±14.0 199	49 ±14.3 224	51 ±14.6 369	39 ±10.0 2731
No	46 ±15.3 293	45 ±14.7 186	41 ±14.2 220	30 ±13.1 137	27 ±13.0 195	37 ±9.9 2591
No Response	17 ±11.5 108	30 ±13.5 124	22 ±12.0 118	21 ±11.6 96	22 ±12.1 159	24 ±8.7 1681

If no, how are supplies provided by the supplier?

Response	CA	FL	IL	NY	TX	OTHER
Provided Information	74	67	78	79	50	79
Did Not Provide Information	26	33	22	21	50	21

43. How are wound care supplies stored in your nursing facility?

Response	CA	FL	IL	NY	TX	OTHER
Stored by individual patient assignment in supply room	15 ±10.9 95	27 ±13.1 112	24 ±12.3 129	36 ±13.7 165	13 ±9.8 94	29 ±9.3 2031
Stored in general supply room	78 ±12.7 496	66 ±14.0 273	70 ±13.2 376	47 ±14.3 215	78 ±12.1 564	66 ±9.7 4622
Stored by the patient's bedside	0 ±0.0 0	0 ±0.0 0	0 ±0.0 0	6 ±6.8 27	0 ±0.0 0	2 ±2.9 140
Other (please specify)	10 ±9.2 64	14 ±10.3 58	9 ±8.3 48	13 ±9.6 59	9 ±8.4 65	11 ±6.4 770
No Response	7 ±7.8 45	11 ±9.2 46	2 ±4.0 11	9 ±8.2 41	9 ±8.4 65	4 ±4.0 280

* more than one answer was selected by some respondents

44. What happens to unused or excess supplies?

Response	CA	FL	IL	NY	TX	OTHER
Returned to supplier	12 ±9.9 76	20 ±11.8 83	24 ±12.3 129	53 ±14.3 242	16 ±10.7 116	35 ±9.7 2451
Stored for future use by specific patient	20 ±12.2 127	14 ±10.3 58	24 ±12.3 129	17 ±10.7 78	16 ±10.7 116	26 ±9.0 1821
Stored and used as needed for all patients	56 ±15.2 356	36 ±14.2 149	33 ±13.6 177	17 ±10.7 78	40 ±14.3 289	32 ±9.5 2241
Other (please specify)	15 ±10.9 95	27 ±13.1 112	13 ±9.7 70	13 ±9.6 59	16 ±10.7 116	12 ±6.6 840
No Response	7 ±7.8 45	16 ±10.8 66	9 ±8.3 48	17 ±10.7 78	18 ±11.2 130	9 ±5.8 630

* more than one answer was selected by some respondents

47. Do you have written or verbal agreements with your wound care suppliers?

Response	CA	FL	IL	NY	TX	OTHER
Yes (written)	12 ±9.9 76	32 ±13.8 132	17 ±10.9 91	34 ±13.5 155	20 ±11.7 145	26 ±9.0 1821
Yes (verbal)	10 ±9.2 64	2 ±4.1 8	15 ±10.3 81	21 ±11.6 96	4 ±5.7 29	4 ±4.0 280
No	66 ±14.5 420	59 ±14.5 244	61 ±14.1 328	38 ±13.9 174	60 ±14.3 434	59 ±10.1 4132
No Response	12 ±9.9 76	7 ±7.5 29	7 ±7.4 38	6 ±6.8 27	16 ±10.7 116	11 ±6.4 770

If yes, please describe the nature of such agreements.

Response	CA	FL	IL	NY	TX	OTHER
Provided Information	67	60	60	81	55	71
Did Not Provide Information	33	40	40	19	45	29

48. Have you ever complained to Medicare or other authorities about the marketing or business practices of any wound care suppliers?

Response	CA	FL	IL	NY	TX	OTHER
Yes	0 ±0.0 0	0 ±0.0 0	2 ±4.0 11	2 ±4.0 9	9 ±8.4 65	4 ±4.0 280
No	90 ±9.2 572	95 ±6.4 393	93 ±7.4 499	94 ±6.8 430	89 ±9.1 643	93 ±5.2 6513
No Response	10 ±9.2 64	5 ±6.4 21	4 ±5.7 21	4 ±5.6 18	2 ±4.1 14	2 ±2.9 140

If yes, what was the nature of these practices?

Response	CA	FL	IL	NY	TX	OTHER
Provided Information	0	0	100	100	75	100
Did Not Provide Information	0	0	0	0	25	0

Thank you for completing this survey. If you have additional comments or would like to answer any of the questions more fully, please use the next page marked Additional Comments for this purpose. Please return the survey in the self-addressed, postage-paid envelope we included in our mailing to you or fax the survey and any additional information to us at (215) 596-6987.